Image# 14970822773 PAGE 1 / 37

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIWI 3X	For Other Than An A	Authorized Committe	e		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	a. type	100004345	James Coo Omy	
COMMITTEE (in full)	,	over the lines.	9, 1,00	12FE4M5		
American Health Care	Association Politic	cal Action Committ	ee	<u> </u>		
ADDRESS (number and street)	1201 L Street, NW					
Check if different						
than previously reported. (ACC)	Washington			DC	20005	
2. FEC IDENTIFICATION N	UMBER ▼	CITY A	8	STATE A	ZIP COI	DE 🛦
C C00006080	3		EW N) OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	un 20 (M6)	X Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (0		Apr 20 (M4)	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15 Quarterly Report ((c) 12-Day	Primary (12P)	General	(12G)	Runoff (12R)
October 15 Quarterly Report (Report for the	e: Convention (12C)	Special (12S)	
January 31 Year-End Report (FI	ection on	D D /	Y	in the State of	f
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Electio		i)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		ection on	D D /	Y = Y = Y = Y	in the State of	f
5. Covering Period 0		14 through	M M M	/ D D /	2014	
I certify that I have examined the	his Report and to the bes	t of my knowledge and b	elief it is tru	e, correct and	d complete.	
Type or Print Name of Treasure	er Ms. Robin Hillier				·	
Signature of Treasurer Ms.	Robin Hillier	[Electronically	Filed] D	ate 09	/ 19 /	2014
NOTE: Submission of false, error	neous, or incomplete inform	ation may subject the pers	on signing th	is Report to th	ne penalties of 2 L	J.S.C. §437g.
Office Use					FEC FOR	
Only					Rev. 12/20	J04

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 08 01 2014 To: 08 31 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand January 1, 2014		433429.72
	(b) Cash on Hand at Beginning of Reporting Period	249196.61	
	(c) Total Receipts (from Line 19)	53130.24	465400.90
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	302326.85	898830.62
	Total Disbursements (from Line 31)	53445.07	649948.84
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	248881.78	248881.78
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

	I. Receipts COLUMN A Total This Period						
tributions (other than loans) From:							
Individuals/Persons Other							
Than Political Committees		447000 57					
(i) Itemized (use Schedule A)	47582.22	417936.57					
(ii) Unitemized	1721.02	20137.33					
Lines 11(a)(i) and (ii)	49303.24	438073.90					
Political Party Committees	0.00	0.00					
Other Political Committees	0.00	5000.00					
	7	3000.00					
	40202 24	443073.90					
	49303.24	14-50/3.30					
		0.00					
y Committees	0.00	0.00					
and Bassined	0.00	0.00					
Loans Received	7	0.00					
	0.00	0.00					
	0.00	0.00					
· · · · · · · · · · · · · · · · · · ·	0.00	0.00					
	0.00	0.00					
	0007.00	04207.00					
	3827.00	21327.00					
· · · · · · · · · · · · · · · · · · ·							
	0.00	1000.00					
	200						
(Irom Schedule H3)	0.00	0.00					
1 - 1 - F - 1 - (1	0.00	0.00					
Levin Funds (from Schedule H5)	0.00	0.00					
Total Transfers (add 18(a) and 18(b))	0.00	0.00					
	(ii) Unitemized (use Schedule A)	(ii) Itemized (use Schedule A)					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
۱.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinati Four to Duto
	(i) Federal Share	0.00	0.00
	(i) Tederal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	778.41	9582.18
	(c) Total Operating Expenditures	778.41	9582.18
	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	778.41	9302.10
	Committees	0.00	0.00
	Contributions to		
	Federal Candidates/Committees and Other Political Committees	51000.00	623500.00
	Independent Expenditures		
	(use Schedule E)	0.00	0.00
	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
	(use Schedule F)	0.00	0.00
	Loan Banaymenta Mada	0.00	0.00
	Loan Repayments Made	3.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	1666.66	1866.66
	Ī		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	1666.66	1866.66
	Other Disbursements	0.00	15000.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i edelai oliale		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Tatal Diahamaanaanta (add bisas 24/a) 22		
	Total Disbursements (add Lines 21(c), 22,	50445.07	0.000.00
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	53445.07	649948.84
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	53445.07	649948.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	49303.24	443073.90		
4. Total Contribution Refunds (from Line 28(d))	1666.66	1866.66		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47636.58	441207.24		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	778.41	9582.18		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	778.41	9582.18		

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:						6	OF		37
(check only one)										
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) A. Cecil Barcelo Mailing Address 411 Alabama Ave		Date of Receipt
		08 29 2014
City	State Zip Code	Transaction ID : C2821905
League City	TX 77573-2615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	342.00
Name of Employer	Occupation	1
Baywind Village	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	642.00	
Full Name (Last, First, Middle Initial) 3. Brent Barraclough		Date of Receipt
Mailing Address 10880 Village Loop	0	08 08 2014
City	State Zip Code OR 97756	Transaction ID : C2799782
Redmond	OR 97756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
JDL, Inc.	Owner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. H. Ken Beebe Jr.	<u> </u>	Date of Receipt
Mailing Address 571 Highway 51		08 05 2014
City	State Zip Code MS 39157-2597	Transaction ID : C2803329
Ridgeland	MS 39157-2597	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	412.50
Name of Employer	Occupation	1
Legacy Health Care Service	President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	412.50	
SUBTOTAL of Receipts This Page (optional)		1004.50
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOI	PAGE	7	OF	37					
(check only one)									
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Lyn C. Bentley Mailing Address 2212 Hidden Valley Ln		Date of Receipt
		08 29 2014
City Silver Spring	State Zip Code MD 20904-5240	Transaction ID : C2821909
	WID 20904-3240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.32
Name of Employer	Occupation	
American Health Care Association	Senior Director, Regulatory Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.24	* Payroll Deduction: \$41.66 Bi-Weekly
Full Name (Last, First, Middle Initial) Heath Boddy	1	Date of Receipt
Mailing Address 2201 N 98th Street		08 12 2014
City	State Zip Code NE 68505	Transaction ID : C2800394
Lincoln	NE 68505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer	Occupation	
Nebraska Health Care Association	State Executive	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	680.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 994 Sharon Lane		08 01 2014
City	State Zip Code	Transaction ID : C2796742
Ventura	CA 93001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self-Employed	Attorney	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		418.32
TOTAL This Period (last page this line numbe	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LI	PAGE	8	OF	37			
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) • Peter Corless		Date of Receipt
Mailing Address 3308 Overlook Ridge Rd		08 29 2014
City	State Zip Code	Transaction ID: C2821911
Prospect	KY 40059-8577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
American Health Care Association Receipt For: Primary General Other (specify) ▼	Regional Multi-Facility Liaison Aggregate Year-to-Date ▼ 260.00	* Payroll Deduction: \$20.00 Bi-Weekly
Full Name (Last, First, Middle Initial) 3. William Daigre		Date of Receipt
Mailing Address 1205 Christopher Street		08 05 2014
City New Iberia	State Zip Code LA 70563	Transaction ID : C2803283 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Belle Teche Nursing & Rehabilitation C	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 2. Jack Deutsch	1	Date of Receipt
Mailing Address 5 Fieldcrest St		08 15 2014
City Monsey	State Zip Code NY 10952	Transaction ID : C2805117 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Cliffside Rehab & RHCC	Administrator	
Receipt For: Primary General Other (coesify)	Aggregate Year-to-Date ▼ 250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		790.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Health Care Assoc	iation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Richard A Dillon		Date of Receipt
Mailing Address 15703 NW Fair Acres Driv	e	08 29 2014
City	State Zip Code	Transaction ID : C2821904
Vancouver	WA 98685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	5000.00
Name of Employer	Occupation	1
Avamere Health Services, Inc.	Owner	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	0.0	
Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) Anthony Durante		Date of Receipt
Mailing Address 26 North Broadway		08 11 2014
City	State Zip Code	Transaction ID : C2800140
Schenectady	NY 12305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	625.00
Name of Employer	Occupation	1
Capital Living Nursing & Rehabilitatio	Health Care Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1875.00	
Full Name (Last, First, Middle Initial) Lora D. Epperly	,	Date of Receipt
Mailing Address 335 Willow Oak Dr.		08 20 2014
City	State Zip Code	Transaction ID : C2811922
Christiansburg	VA 24073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Commonwealth Care of Roanoke	Chief Quality & Cultural Excellence Of	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional))	5875.00
	<u> </u>	
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persibe name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Joanne E Erickson Mailing Address, 044 S Bandalph St		Date of Receipt
Mailing Address 911 S Randolph St		08 29 2014 .
City	State Zip Code	Transaction ID : C2821913
Arlington	VA 22204-1564	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	86.96
Name of Employer	Occupation	
American Health Care Association	Editor in Chief, Provider Magazine	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 565.24	* Payroll Deduction: \$43.48 Bi-Weekly
Full Name (Last, First, Middle Initial) 3. Irene Fleshner		Date of Receipt
Mailing Address 1688 Floyd Street		08 29 2014
City	State Zip Code	Transaction ID : C2821892
Sarasota	FL 34239	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer	Occupation	1
Genesis HealthCare Corporation	Nurse Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) C. Karen Goldsmith		Date of Receipt
Mailing Address PO Box 875		08 20 2014
City	State Zip Code FL 32920	Transaction ID : C2809846
Cape Canaveral	FL 32920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	-
Goldsmith & Grout PA	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		486.96
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

37

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Lury Goodall Date of Receipt Mailing Address 2853 Fairway Forest Circle 80 20 2014 City Zip Code State Transaction ID: C2811927 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation American Janitorial Service Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald Goux Date of Receipt Mailing Address 2045 Highway 59 PO Box 1429 08 13 2014 City State Zip Code Transaction ID: C2801495 Mandeville LA 70448-1909 Amount of Each Receipt this Period FEC ID number of contributing 833.00 federal political committee. Name of Employer Occupation **Gulf South Medical Enterprises** President Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.00 Other (specify) Full Name (Last, First, Middle Initial) c. William J. Griffith Date of Receipt Mailing Address 1421 T Street, NW 80 29 2014 Apt. #1 City State Zip Code Transaction ID: C2821914 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.66 С federal political committee. Name of Employer Occupation Manager, Political Affairs American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$20.83 Bi-Weekly 291.62 Other (specify) 3374.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

37

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jennifer S Hahs Date of Receipt Mailing Address 12423 Flint Street 2014 29 City State Zip Code Transaction ID: C2821915 KS Overland Park 66213 Amount of Each Receipt this Period FEC ID number of contributing C 86.96 federal political committee. Name of Employer Occupation Senior Director, Political Affairs American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$43.48 Bi-Weekly 565.24 Other (specify) Full Name (Last, First, Middle Initial) B. Eddy Inzana Date of Receipt Mailing Address 8796 Route 219 08 2014 11 City State Zip Code Transaction ID: C2803334 PA **Brockway** 15824 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Guardian Elder Care CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas L. Kelly Date of Receipt Mailing Address 1179 Harbor Town Way 2014 80 05 City State Zip Code Transaction ID: C2803300 FL Venice 34292 Amount of Each Receipt this Period FEC ID number of contributing 87.50 С federal political committee. Name of Employer Occupation CEO Southwest Florida Retirement Center Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 674.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

9

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

37

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) David A Kyllo Date of Receipt Mailing Address 4621 28th Road South 80 2014 29 City Zip Code State Transaction ID: C2821917 VA Arlington 22206 Amount of Each Receipt this Period FEC ID number of contributing C 217.40 federal political committee. Name of Employer Occupation **Executive Director** National Center for Assisted Living Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$108.70 Bi-Weekly 1413.10 Other (specify) Full Name (Last, First, Middle Initial) B. Meg LaPorte Date of Receipt Mailing Address 7708 Meadow Lane 08 29 2014 City State Zip Code Transaction ID: C2821918 Chevy Chase MD 20815 Amount of Each Receipt this Period FEC ID number of contributing 29.16 federal political committee. Name of Employer Occupation AHCA/NCAL Senior Policy Director Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$14.58 Bi-Weekly 204.12 Other (specify) Full Name (Last, First, Middle Initial) c. Theodore Lee Date of Receipt Mailing Address 700 Hanover St 80 20 2014 City State Zip Code Transaction ID: C2811923 NH Manchester 03104 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President Hanover Hill Health Care Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 746.56 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

14 OF 37 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) R. Peter Madel Jr. Date of Receipt Mailing Address 108 8th St NW 80 2014 City Zip Code State Transaction ID: C2803337 MN Waseca 56093-1912 Amount of Each Receipt this Period FEC ID number of contributing C 275.00 federal political committee. Name of Employer Occupation CEO Lake Shore Inn Nursing Home Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bethany R Martino Date of Receipt Mailing Address 8559 Window Latch Way 08 29 2014 City State Zip Code Transaction ID: C2821919 MD Columbia 21045 Amount of Each Receipt this Period FEC ID number of contributing 90.90 federal political committee. Name of Employer Occupation American Health Care Association Vice President, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$45.45 Bi-Weekly 545.40 Other (specify) Full Name (Last, First, Middle Initial) **c.** Patrick Martone Date of Receipt Mailing Address 26 North Broadway 80 11 2014 City Zip Code State Transaction ID: C2800180 NY Schenectady 12305 Amount of Each Receipt this Period FEC ID number of contributing 625.00 С federal political committee. Name of Employer Occupation Health Care Administrator Capital Living Nursing & Rehabilitatio Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.00 Other (specify) 990.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

37

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Christian Mason Date of Receipt Mailing Address 15467 Union School Road 80 2014 26 City Zip Code State Transaction ID: C2814646 OR Woodburn 97071 Amount of Each Receipt this Period FEC ID number of contributing C 3750.00 federal political committee. Name of Employer Occupation CEO Senior Housing Management, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory Miller Date of Receipt Mailing Address 11573 Stablewatch Court 80 06 2014 City State Zip Code Transaction ID: C2799260 OH Cincinnati 45249 Amount of Each Receipt this Period FEC ID number of contributing 333.00 federal political committee. Name of Employer Occupation Health Care Management Group Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 666.00 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy F Nicholson Date of Receipt Mailing Address 15 Ocean Harbour Cir 2014 80 18 City State Zip Code Transaction ID: C2806282 FL Ocean Ridge 33435-6207 Amount of Each Receipt this Period FEC ID number of contributing 1667.00 С federal political committee. Name of Employer Occupation President/CEO Lyric Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 3333.00 Other (specify) 5750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 16 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Health Care Association	ion Political Action Committee	
Full Name (Last, First, Middle Initial) Julie C Painter Mailing Address 5023 Waple Ln City Alexandria FEC ID number of contributing federal political committee. Name of Employer American Health Care Association Receipt For: Primary General Other (specify)	State Zip Code VA 22304-7727 C Occupation Vice President of Constituency Affairs Aggregate Year-to-Date ▼ 282.62	Date of Receipt 08 29 2014 Transaction ID: C2821920 Amount of Each Receipt this Period 43.48 * Payroll Deduction: \$21.74 Bi-Weekly
Full Name (Last, First, Middle Initial) Christopher Parks Mailing Address 1730 Truro Rd City Crofton FEC ID number of contributing federal political committee.	State Zip Code MD 21114-2520	Date of Receipt 08 29 2014 Transaction ID : C2821921 Amount of Each Receipt this Period 41.66
Name of Employer American Health Care Association Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Director of IT and Operations Aggregate Year-to-Date ▼ 282.02	* Payroll Deduction: \$20.83 Bi-Weekly
Full Name (Last, First, Middle Initial) Jennifer T. Peters Mailing Address 10311 Evangeline Oaks Cir City Shreveport FEC ID number of contributing federal political committee. Name of Employer Garden Park Nursing & Rehab Center LLC Receipt For: Primary General Other (specify)	State Zip Code LA 71106 C Occupation Administrator Aggregate Year-to-Date ▼ 500.00	Date of Receipt 08 05 2014 Transaction ID : C2803278 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	>	585.14
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 17 OF 37 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Deborah Petrine Date of Receipt Mailing Address 992 Vista Pkwy 80 20 2014 City State Zip Code Transaction ID: C2811924 VA Hardy 24101-3326 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation CEO/President Commonwealth Care of Roanoke Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Ponthie Date of Receipt Mailing Address 2723 Alvamar Drive 08 2014 25 City State Zip Code Transaction ID: C2812322 LA Shreveport 71106 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Summit Health Resources, LLC Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Katherine Preede Date of Receipt Mailing Address 1200 S Courthouse Road 80 29 2014 Apt 428 City Zip Code State Transaction ID: C2821922 Arlington VA 22204 Amount of Each Receipt this Period FEC ID number of contributing 41.66 С federal political committee. Name of Employer Occupation AHCA/NCAL Director, Membership & Business Develo Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$20.83 Bi-Weekly 291.62 Other (specify) 7541.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) X 11a 11b 11c

37

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Richard Rau Date of Receipt Mailing Address 3876 S. Oakbrook Dr. 80 2014 City State Zip Code Transaction ID: C2800391 WI Greenfield 53228-2140 Amount of Each Receipt this Period FEC ID number of contributing C 275.00 federal political committee. Name of Employer Occupation CEO Clement Manor Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Jon Reardon Date of Receipt Mailing Address 1202 Weiss Street 08 2014 11 City State Zip Code Transaction ID: C2803339 MI Saginaw 48602-5471 Amount of Each Receipt this Period FEC ID number of contributing 275.00 federal political committee. Name of Employer Occupation Hoyt Nursing & Rehab Centre Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 825.00 Other (specify) Full Name (Last, First, Middle Initial) c. Philip Scalo Date of Receipt Mailing Address 100 N County Line Road 2014 80 14 City Zip Code State Transaction ID: C2804055 NJ Jackson 08527-1264 Amount of Each Receipt this Period FEC ID number of contributing 625.00 С federal political committee. Name of Employer Occupation President & CEO Bartley Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.00 Other (specify) 1175.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

-9

9

FOR LINE NUMBER: PAGE 19 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Michael Scharfenberger Date of Receipt Mailing Address 7265 Kenwood Road # 300 80 2014 15 City State Zip Code Transaction ID: C2811917 OH Cincinnati 45236-4414 Amount of Each Receipt this Period FEC ID number of contributing C 137.50 federal political committee. Name of Employer Occupation **Executive Vice President Nursing Care Management** Receipt For: Aggregate Year-to-Date ▼ Primary General 412.50 Other (specify) Full Name (Last, First, Middle Initial) B. Brady Sheffer Date of Receipt Mailing Address 110 Charleston Place 08 20 2014 City State Zip Code Transaction ID: C2811925 VA Daleville 24083 Amount of Each Receipt this Period FEC ID number of contributing 3000.00 federal political committee. Name of Employer Occupation Commonwealth Care of Roanoke Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer S Shimer Date of Receipt Mailing Address 9507 Shelly Krasnow Ln 2014 80 29 City Zip Code State Transaction ID: C2821925 Fairfax VA 22031-4720 Amount of Each Receipt this Period FEC ID number of contributing 90.90 С federal political committee. Name of Employer Occupation COO American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$45.45 Bi-Weekly 545.40 Other (specify) 3228.40 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

20 OF 37 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Robert Siebel Date of Receipt Mailing Address 13185 W. Green Mountain Drive 80 2014 25 City State Zip Code Transaction ID: C2812336 CO Lakewood 80228 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Carriage Healthcare Companies, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Pat Stallard Date of Receipt Mailing Address 4008 Port Royal Dr 08 20 2014 City State Zip Code Transaction ID: C2811926 KY Richmond 40475-8225 Amount of Each Receipt this Period FEC ID number of contributing 3000.00 federal political committee. Name of Employer Occupation Commonwealth Care Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jan Thayer Date of Receipt Mailing Address 2307 Stagecoach Rd. 20 2014 80 City State Zip Code Transaction ID: C2811919 ΝE Grand Island 68801 Amount of Each Receipt this Period FEC ID number of contributing 3750.00 С federal political committee. Name of Employer Occupation Riverside Lodge Retirement Community Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 3750.00 Other (specify) 9250.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	2	21 O)F	37
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) James Westbury Sr. Mailing Address 922 McDonough Road		Date of Receipt
City Jackson	State Zip Code GA 30233	08 25 2014 Transaction ID : C2812337 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	412.50
Westbury Medical Care Home Inc Receipt For: Primary General Other (specify) ▼	President Aggregate Year-to-Date ▼ 412.50	
Full Name (Last, First, Middle Initial) 3. Darrell Winningham Mailing Address 1108 Scramblers Knob		Date of Receipt 08 08 2014
City Franklin	State Zip Code TN 37069	Transaction ID : C2799828 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Tennessee Health Care Association Receipt For:	Occupation Director of Reimbursement	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Michael Wylie	'	Date of Receipt
Mailing Address 205 Fairview Road City	State Zip Code	08 05 2014
Clarks Green	PA 18411	Transaction ID : C2803292 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation VR Development	
Genesis Healthcare Receipt For: Primary General Other (specify) ▼	VP Development Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)	>	1412.50
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

37

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jimmy D. Zimmerman Date of Receipt Mailing Address 189 Ted Price Lane 80 05 2014 City State Zip Code Transaction ID: C2803284 Winnfield LA 71483 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Autumn Leaves Nursing Home of Winnfiel President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Creative Care Resources, LLC Date of Receipt Mailing Address 1080 Windridge Pkwy 08 20 2014 City State Zip Code Transaction ID: C2811928 VA Hardy 24101 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Tucker Date of Receipt Mailing Address 1743 Blair Road 20 2014 80 City Zip Code State Transaction ID: C2811929 Roanoke VA 24015 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation President Creative Care Resources, LLC Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 2500.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) X 11a 11b 11c

37

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Millenium Health Systems LLC dba Nuvision Management Date of Receipt Mailing Address 5310 NW 33rd Ave Ste 211 2014 08 20 City Zip Code State Transaction ID: C2811930 FL 33309-6319 Fort Lauderdale Amount of Each Receipt this Period FEC ID number of contributing C 1278.16 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 1278.16 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew S Weisman Date of Receipt Mailing Address 5310 NW 35th Ave Ste 211 08 20 2014 City State Zip Code Transaction ID: C2813026 FL Fort Lauderdale 33309-6314 Amount of Each Receipt this Period FEC ID number of contributing 639.08 federal political committee. Name of Employer Occupation **NuVision Management** Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 639.08 Other (specify) Full Name (Last, First, Middle Initial) c. Barton D. Weisman Date of Receipt Mailing Address 5310 NW 33rd Ave 80 20 2014 Ste 211 City State Zip Code Transaction ID: C2813027 FL Ft Lauderdale 33309-6319 Amount of Each Receipt this Period FEC ID number of contributing 639.08 С federal political committee. Name of Employer Occupation Millennium Health Systems Chairman Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 639.08 Other (specify) 1278.16 SUBTOTAL of Receipts This Page (optional)..... 47582.22 TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 37 (check only one) 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Health Care Associati	on Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) A. CANTOR FOR CONGRESS			Date of Receipt
Mailing Address P. O. Box 17813 City	Stata	Zip Code	08 20 / 2014
Richmond	State VA	23226	Transaction ID : C2811918 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0355461	3827.00
Name of Employer Receipt For:	Occupation	Year-to-Date ▼	
Primary General Other (specify)	Aggregate	3827.00	Partial Refund of 12/2/2013 Contribution
Full Name (Last, First, Middle Initial) B.			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			3827.00

TOTAL This Period (last page this line number only).....

3827.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 25 OF 37						
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check on	(check only one)						
	Detailed Summary Page	X 21b		23 24 25 26					
		27	28a	28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
American Health Care Association	n Political Action Co	mmittee							
Full Name (Last, First, Middle Initial)									
A. American Express		Date of Disbursement							
Mailing Address PO Box 53773			08	04 2014					
City	State Zip Code		Transac	tion ID : D161079					
Phoenix	AZ 85072-3773	I							
Purpose of Disbursement Credit Card Processing Fees			Amount o	f Each Disbursement this Period					
Candidate Name		Category/ Type		122.62					
Office Sought: House Disburs Senate	ement For: Primary General								
President State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
B. American Express			Date of D	Disbursement					
Mailing Address PO Box 53773				/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Phoenix	State Zip Code AZ 85072-3773		Transac	ction ID : D161080					
Purpose of Disbursement Credit Card Processing Fees			Amount o	f Each Disbursement this Period					
Candidate Name		Category/ Type		10.66					
Office Sought: House Disburs	ement For:	ı							
Senate	Primary General								
President State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
C. American Express			Date of L	Disbursement					
Mailing Address PO Box 53773			08	12 / 2014					
City	State Zip Code		Transac	etion ID : D161081					
Phoenix Purpose of Disbursement	AZ 85072-3773	I	_						
Credit Card Processing Fees			A	(Feel, Diskussesses this Desired					
Candidate Name		Category/ Type	Amount o	f Each Disbursement this Period 8.00					
Office Sought: House Disburs	ement For:	1,400	-	7					
Senate	Primary General								
President	Other (specify) ▼								
State: District:	· 								
SUBTOTAL of Disbursements This Page (optional)		·····		141.28					
TOTAL This Period (last page this line number onl	y)			7					

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 26				26	OF 37					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		(check only one)									
			Summary Page		×	21b	22		23		24	25		26
_						27	28a		28b		28c	29		30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam													;
\setminus	NAME OF COMMITTEE (In Full)													
	American Health Care Association	Political	Action Cor	nmi	ttee									
_	Full Name (Last, First, Middle Initial)													
A. American Express							Date of Disbursement							
	Mailing Address PO Box 53773						08	_	1	8		2014		
		State	Zip Code				Tran	sact	ion ID	: D'	161082			
	Phoenix Purpose of Disbursement	AZ	85072-3773											
	Credit Card Processing Fees				Ξ		Amour	nt of	Each	Disl	ourseme	nt this	Peric	bd
	Candidate Name				itegor Type	y/		_	,	_		2	6.66	
		Primary	General											
	President State: District:	Other (spec	city) 🔻											
_	Full Name (Last, First, Middle Initial)													
В.	American Express						Date of	of Di	sburse	mer	nt			
	Mailing Address PO Box 53773						08	/	2	9		2014	Y	
	City	State	Zip Code											
	Phoenix	AZ	85072-3773				Tran	sact	ion ID	: D	161083			
	Purpose of Disbursement Credit Card Processing Fees			Т	_	\neg	Amour	nt of	Each	Disl	ourseme	ent this	Peric	od
	Candidate Name				itegor Type	y/		T				8	0.00	٦
	Office Sought: House Disbursen	nent For:			- 7						,			
		Primary	General											
	President State: District:	Other (spec	pify) ▼											
_	Full Name (Last, First, Middle Initial) BB&T Merchant Services						Date of	of Die	shurse	mer	nt .			
٠.	BB&T Merchant Services						M	/ /	D			Y	V	
	Mailing Address PO Box 200						08		1:			2014		
	,	State NC	Zip Code 27894-0200				Tran	sact	ion ID	: D	161078			
	Purpose of Disbursement				-	_								
	Credit Card Processing Fees			Ι.			Amour	nt of	Each	Disl	ourseme	ent this	Perio	od
	Candidate Name				itegor Type	y/						18	5.75	٦
	Office Sought: House Disbursen	nent For:							,		,			
		Primary	General											
		Other (spec	cify) 🔻											
_	State: District:													
٤	SUBTOTAL of Disbursements This Page (optional)					<u> </u>			,		7	292	2.41	
1	TOTAL This Period (last page this line number only)					•			,					

SCHEDULE B (FEC Form 3X)	1		FOR LINE	NUMBER:	PAGE 27 OF 37
TEMIZED DISBURSEMENTS		category of the	(check onl	one)	
		Summary Page	X 21b	22 23 28a 28b	24 25 26 28c 29 30
Anna Information and 17					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)					
American Health Care Association	Politica	Action Con	nmittee		
Full Name (Last, First, Middle Initial)				5	
- BB&T				Date of Disburs	
Mailing Address 1099 New York Ave NW					21 2014
Ste 100					
,	State DC	Zip Code		Transaction I	D : D161076
Washington Purpose of Disbursement	DC	20001-4452			
Bank Fees				Amount of Eacl	n Disbursement this Period
Candidate Name			Category/		
			Type	,	24.49
Office Sought: House Disburser					
Senate President	Primary Other (spe	General			
State: District:	oniei (she	- iiy) ▼			
Full Name (Last, First, Middle Initial)					
BB&T				Date of Disburs	sement
				M = M / D	D / Y Y Y Y Y
Mailing Address 1099 New York Ave NW Ste 100				08	21 2014
City Sashington	State DC	Zip Code 20001-4452		Transaction I	D : D161077
Purpose of Disbursement		20001-4452			
Bank Fees				Amount of Eacl	n Disbursement this Period
Candidate Name			Category/		320.23
Office Cought. House Bishurse			Type	,	020.20
Office Sought: House Disburser Senate	Primary	General			
President	Other (spe				
State: District:	` .	, ,			
Full Name (Last, First, Middle Initial)					
				Date of Disburs	sement
Mailing Address				M M / D	D / Y Y Y Y Y
Mailing Address				M M / D	D / Y Y Y Y
	State	Zip Code		M M / D	D / Y Y Y Y
	State	Zip Code		M M / D	7 7 7 7 7
City	State	Zip Code			
City	State	Zip Code	Category/ Type		n Disbursement this Period
City Purpose of Disbursement Candidate Name	State ment For:	Zip Code	Category/ Type		
City S Purpose of Disbursement Candidate Name	ment For: Primary	General	Category/ Type		
City Purpose of Disbursement Candidate Name Office Sought: House Disburser Senate President	ment For:	General	Category/ Type		
City Purpose of Disbursement Candidate Name Office Sought: House Disburser Senate	ment For: Primary	General	Category/ Type		
City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	ment For: Primary Other (spe	General cify) ▼	Type		n Disbursement this Period
City Purpose of Disbursement Candidate Name Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼	Type		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 28 OF 37
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or us		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Health Care Association	n Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)			Data of Dishamanani
A. AMERICA'S LEADERSHIP PAC		Date of Disbursement	
Mailing Address 607 14th Street NW Suite 800			08 01 2014
City	State Zip Code		Transaction ID - D460252
Washington	DC 20005		Transaction ID : D160252
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Office Sought: House Disburs	ement For:	Туре	7
Senate Disputs	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
B. Appel for Iowa, Inc.			Date of Disbursement
Mailing Address PO Box 702			08 26 / Y Y Y Y Y
City Des Moines	State Zip Code IA 50303		Transaction ID : D160640
Purpose of Disbursement			
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Staci Appel Office Sought:	ement For: 2014	Type	7
Senate Dispursi	Primary Seneral		
President	Other (specify)		
State: IA District: 03	· .		
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF RENTERIA			Date of Disbursement
Mailing Address P.O. BOX 655			08 15 2014
Mailing Address P.U. BUX 005			00 13 2014
City	State Zip Code		Transaction ID : D160467
Sanger	CA 93657		. D100407
Purpose of Disbursement Contribution			
Candidate Name		Cotamani	Amount of Each Disbursement this Period
Amanda Renteria		Category/ Type	1500.00
	ement For: 2014		
Senate	Primary X General		
President	Other (specify) ▼		
State: CA District: 21			
SUBTOTAL of Disbursements This Page (optional)		·····	7500.00
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TOTAL This Period (last page this line number onl	у)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 29 OF 37
ITEMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only	NOMBER:
II LIVIIZED DIODORIOLIVILIVIO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Detailed Summary rage	27	28a 28b 28c 29 30
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	me and address of any polit	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		_	
American Health Care Association	Political Action Co	mmittee	
Full Name (Last, First, Middle Initial)		İ	
A. FAMILIES FOR JAMES LANKFO	RD		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 1639			08 01 2014
City	State Zip Code		
BETHANY	OK 73008		Transaction ID : D160257
Purpose of Disbursement			
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
James Paul Lankford		Туре	2300.00
Office Sought: House Disburse	ment For: 2014		
President	Primary		
State: OK District:	Other (opcomy)		
Full Name (Last, First, Middle Initial)			
B. PEAK PAC			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO BOX 48004			08 01 2014
City	State Zip Code		
DENVER	CO 80204		Transaction ID : D160241
Purpose of Disbursement			
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Office County House		Туре	5000.00
Office Sought: House Disburse Senate	ment For: Primary General		
President	Other (specify)		
State: District:	(op comy) •		
Full Name (Last, First, Middle Initial)			
C. Peters for Michigan			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 226			08 15 2014
City	State Zip Code		
Bloomfield Hills	MI 48303		Transaction ID : D160466
Purpose of Disbursement			
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Gary Peters Office Sought: House Disburse	ment For: 2014	Туре	5555.50
Office Sought: House Disburse Senate	Primary General		
President	Other (specify)		
State: MI District:	, , , , , , , , , , , , , , , , , , ,		
SUBTOTAL of Disbursements This Page (optional).			12500.00
TOTAL This Period (last page this line number only	·)		

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 30 OF 37	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)			
TI EINIZED DIODOTIOLINIENTO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26	
	Dotailed Guillinary i age	27	28a 28b 28c 29 30b	
Any information copied from such Reports and Staten				
or for commercial purposes, other than using the nam	e and address of any politic	al committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	Dallidaal A.C. O	!.		
American Health Care Association	Political Action Con	nmittee		
Full Name (Last, First, Middle Initial)				
A. NUNNELEE FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 438 EAST MAIN ST			08 26 2014	
City	State Zip Code			
TUPELO	MS 38802		Transaction ID : D160636	
Purpose of Disbursement				
Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Rep. Alan Nunnelee Office Sought:	nent For: 2014	Type		
	Primary Seneral			
President	Other (specify)			
State: MS District: 01				
Full Name (Last, First, Middle Initial)				
B. MATSUI FOR CONGRESS			Date of Disbursement	
Moiling Address DO DOV 4700			M M / D D / Y Y Y Y Y	
Mailing Address PO BOX 1738 2nd Floor			08 26 2014	
	State Zip Code		Transaction ID : D160638	
SACRAMENTO	CA 95812		Transaction ib . D100030	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period	
Candidate Name			Amount of Each dispursement this Period	
Rep. Doris Matsui		Category/ Type	1000.00	
	nent For: 2014	71	,	
Senate	Primary			
President	Other (specify) ▼			
State: CA District: 06				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. FRIENDS OF ERIK PAULSEN				
Mailing Address P.O. Box 44369			08 15 2014	
•	State Zip Code		Transaction ID : D160461	
Eden Prairie Purpose of Disbursement	MN 55344			
Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	Amount of Each Dispulsement this Fellou	
Rep. Erik Paulsen		Type	1000.00	
	nent For: 2014		,	
	Primary General			
State: MN District: 03	Other (specify) ▼			
State: MN District: 03				
SUBTOTAL of Disbursements This Page (optional)			3000.00	
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 31 OF 37
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Sta	tements may not be sold or u		
or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
American Health Care Association	n Political Action Co	mmittee	
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF ERIK PAULSEN			Date of Disbursement
Mailing Address P.O. Box 44369			08 21 2014
City	State Zip Code		Transaction ID : D160543
Eden Prairie	MN 55344		Transaction ib . D100343
Purpose of Disbursement Voided Check-Orig Issued 4/28/2014			Amount of Each Disbursement this Period
Candidate Name		Category/	-2500.00
Rep. Erik Paulsen Office Sought:	sement For: 2014	Type	
Senate	Primary General		
President	Other (specify)		
State: MN District: 03			
Full Name (Last, First, Middle Initial)			B (B) .
B. JEFF DUNCAN FOR CONGRES	SS		Date of Disbursement
Mailing Address PO BOX 845			08 01 7 2014
City LAURENS	State Zip Code SC 29360		Transaction ID : D160250
Purpose of Disbursement	20000		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Jeff Duncan		Type	1000.00
Office Sought: House Disburs Senate	sement For: 2014 Primary General		
President	Other (specify) ▼		
State: SC District: 03	J (-poo)/ ▼		
Full Name (Last, First, Middle Initial)			
C. LANGEVIN FOR CONGRESS			Date of Disbursement
Marthan Address and a second			M M / D D / Y Y Y Y
Mailing Address 181A Knight Street			08 01 2014
City	State Zip Code		Transaction ID December
Warwick	RI 02886		Transaction ID: D160263
Purpose of Disbursement Contribution			
Candidate Name			Amount of Each Disbursement this Period
Rep. James R. Langevin		Category/ Type	1000.00
	sement For: 2014	1,700	
Senate	Primary General		
President	Other (specify) ▼		
State: RI District: 02			
			500.00
SUBTOTAL of Disbursements This Page (optional)	·····•	-500.00
TOTAL This Period (last page this line number or			
I TOTAL THIS I GHOW (last page this line number of	"y/		

SCHEDULE B (FEC Form 3X)		FOD I INT	NUMBER: PAGE 32 OF 37		
ITEMIZED DISBURSEMENTS	Use separate schedule(s				
II LIVIIZED DISBUNSEWEN IS	for each category of the	21h	22 🔀 23 🗆 24 🗆 25 🖂 26		
	Detailed Summary Page	27	28a 28b 28c 29 30b		
Any information copied from such Reports and St	atements may not be sold or i	used by any pers	on for the purpose of soliciting contributions		
or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)					
American Health Care Associati	on Political Action Co	mmittee			
/					
Full Name (Last, First, Middle Initial)			Data of Diahumanan		
A. LANGEVIN FOR CONGRESS			Date of Disbursement		
Mailing Address 181A Knight Street			08 01 2014		
Mailing Address 181A Knight Street			00 01 2014		
City	State Zip Code		Transaction ID December		
Warwick	RI 02886		Transaction ID : D160264		
Purpose of Disbursement					
Contribution		[]	Amount of Each Disbursement this Period		
Candidate Name		Category/	1500.00		
Rep. James R. Langevin Office Sought: House Disbu	rsement For: 2014	Туре	7		
Senate	Primary Seneral				
President	Other (specify)				
State: RI District: 02					
Full Name (Last, First, Middle Initial)					
B. LANGEVIN FOR CONGRESS			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address 181A Knight Street			08 01 2014		
0::					
City Warwick	State Zip Code RI 02886		Transaction ID : D160265		
Purpose of Disbursement	02000	Ι			
Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Rep. James R. Langevin		Type	2500.00		
Office Sought: House Disbu	rsement For: 2014	•			
Senate	Primary General				
President	Other (specify)				
State: RI District: 02					
Full Name (Last, First, Middle Initial)	ALTTEE		Data of Dishurasment		
C. RE-ELECT MCGOVERN COMM	/IIIIEE		Date of Disbursement		
Mailing Address PO Box 60405			08 26 2014		
			25 2511		
City	State Zip Code		Transaction ID : D160637		
Worcester	MA 01606		11a113a5ti011 ID . D100031		
Purpose of Disbursement Contribution					
Candidate Name			Amount of Each Disbursement this Period		
Rep. Jim McGovern		Category/	1000.00		
•	rsement For: 2014	Туре			
Senate	Primary General				
President	Other (specify)				
State: MA District: 02					
SUBTOTAL of Disbursements This Page (option	al)		5000.00		
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TOTAL This Period (last page this line number of	only)				

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 33 OF 37	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)			
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	Detailed Summary Fage	27	28a 28b 28c 29 30	
Any information copied from such Reports and Stater				
or for commercial purposes, other than using the nan	ne and address of any politi	cal committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Cor	nmittee		
Full Name (Last, First, Middle Initial)				
A. JOE GARCIA FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 1924 FERDINAND ST			08 26 2014	
City	State Zip Code			
CORAL GABLES	FL 33134		Transaction ID : D160634	
Purpose of Disbursement				
Voided Check-Orig Issued 7/21/2014			Amount of Each Disbursement this Period	
Candidate Name		Category/	-1000.00	
Rep. Joe Garcia Office Sought: House Disburser	mont For: 0044	Type		
Office Sought: House Disburser	nent For: 2014 Primary General			
President	Other (specify)			
State: FL District: 26	• (ope o), ▼			
Full Name (Last, First, Middle Initial)				
B. JOE GARCIA FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 1924 FERDINAND ST			08 26 2014	
City	State Zin Code			
City : CORAL GABLES	State Zip Code FL 33134		Transaction ID : D160635	
Purpose of Disbursement	30.0.			
Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Rep. Joe Garcia		Type	100.00	
	ment For: 2014			
President	Primary General Other (specify) ▼			
State: FL District: 26	Carlor (opcony)			
Full Name (Last, First, Middle Initial)				
C CROWLEY FOR CONGRESS			Date of Disbursement	
			M M M / D D / Y Y Y Y	
Mailing Address 84-56 Grand Avenue			08 26 2014	
City	State Zip Code			
Elmhurst	NY 11373		Transaction ID : D160639	
Purpose of Disbursement	1.0.0			
Contribution		1 []	Amount of Each Disbursement this Period	
Candidate Name		Category/	5000.00	
Rep. Joseph Crowley		Type	3000.00	
	ment For: 2014			
Senate President	Primary			
State: NY District: 14	Other (specify)			
141 5100100 14				
SUBTOTAL of Disbursements This Page (optional)			5000.00	
or Dissursation Time Lago (optional)				
TOTAL This Period (last page this line number only)			1	

SCHEDULE B (FEC Form 3)	()	1 -		NII IMBED:	PAGE 34 OF 37
ITEMIZED DISBURSEMENTS	Use separate s	chedule(s) (
TEMPLE DISSONSLIVILINIS	for each catego Detailed Summa	ory of the	21b	22 🗶 23	24 25 26
		ary rage	27	28a 28b	28c 29 30
Any information copied from such Reports ar					
or for commercial purposes, other than using	the name and address of	any political co	mmittee to	solicit contributions	from such committee.
NAME OF COMMITTEE (In Full)					
$ \; angle$ American Health Care Assoc	ciation Political Acti	ion Commit	tee		
Full Name (Last, First, Middle Initial)					
A. TIM WALZ FOR US CONGR	ESS			Date of Disburse	ment
				M M / D	D / Y Y Y Y Y
Mailing Address PO BOX 938				08 1	5 2014
City	State Zip (Code			
MANKATO	MN 5600			Transaction ID	: D160463
Purpose of Disbursement					
Contribution		- 11 .		Amount of Each	Disbursement this Period
Candidate Name		Ca	tegory/		1000.00
Rep. TIMOTHY J. WALZ	N. I		Гуре		1000.00
Office Sought: House Senate	Disbursement For: 2014 Primary	General			
President	Other (specify)				
State: MN District: 01	Canon (opcomy)				
Full Name (Last, First, Middle Initial)					
B. TIM WALZ FOR US CONGR	ESS			Date of Disburse	ment
				M = M / D =	D / Y Y Y Y Y
Mailing Address PO BOX 938				08 0	1 2014
City	State Zip (Code			
MANKATO	MN 5600			Transaction ID	: D160243
Purpose of Disbursement					
Contribution				Amount of Each	Disbursement this Period
Candidate Name			tegory/		1000.00
Rep. TIMOTHY J. WALZ Office Sought: House	Disbursement For: 2014		Гуре	7	7
Senate		General			
President	Other (specify)				
State: MN District: 01					
Full Name (Last, First, Middle Initial)					
C. COLE FOR CONGRESS				Date of Disburse	ment
				M M / D	
Mailing Address P.O. Box 722256				08 1	5 2014
City	State Zip (Code			
Norman	OK 7307			Transaction ID	: D160462
Purpose of Disbursement Contribution					
Candidate Name				Amount of Each	Disbursement this Period
Rep. Tom Cole			tegory/		1500.00
•	Disbursement For: 2014		Гуре		
Senate		General			
President	Other (specify)	7			
State: OK District: 04					
SUBTOTAL of Disbursements This Page (o	otional)		······ ▶		3500.00
TOTAL This Period (last page this line num	ber only)			1	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 35 OF	37
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 28 28b 28c 29	26
				30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Cor	nmittee		
Full Name (Last, First, Middle Initial)				
A. CHRIS COONS FOR DELAWARE			Date of Disbursement	
Mailing Address PO BOX 9900			08 15 2014	
City	State Zip Code		Towns at law ID D400405	
NEWARK	DE 19714		Transaction ID : D160465	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Pe	riod
Candidate Name		Category/	2500.00	0
Sen. Chris Coons		Туре	2500.0	U
	ment For: 2014			
Senate President	Primary General Other (specify) ▼			
State: DE District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF JEANNE SHAHEEN	I		Date of Disbursement	
Mailing Address 105 N STATE STREET			08 15 2014	
,	State Zip Code		Transaction ID : D160468	
CONCORD Purpose of Disbursement	NH 03301			
Contribution			Amount of Each Disbursement this Per	riod
Candidate Name		Category/	0500.0	•
Sen. Jeanne Shaheen		Type	2500.0	U
	ment For: 2014			
Senate President	Primary General			
State: NH District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. JEFF MERKLEY FOR OREGON			Date of Disbursement	
Moiling Address 2000 CF 40TH AVE			08 15 2014	1
Mailing Address 2236 SE 10TH AVE			00 13 2014	-
City	State Zip Code		Transaction ID - D400404	
PORTLAND	OR 97214		Transaction ID: D160464	
Purpose of Disbursement Contribution				
Candidate Name			Amount of Each Disbursement this Per	riod
Sen. Jeff Merkley		Category/ Type	5000.00	0
•	ment For: 2014	Туре	7 7	
▼ Senate	Primary General			
President	Other (specify) ▼			
State: OR District:				
			10000	
SUBTOTAL of Disbursements This Page (optional)		······	10000.00	U
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TOTAL This Period (last page this line number only))			

SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 36 OF 37	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)			
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	Detailed Summary Page	27	28a 28b 28c 29 30k	
Any information copied from such Reports and Staten	nents may not be sold or us	sed by any perso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the name	ne and address of any politic	cal committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Cor	nmittee		
Full Name (Last, First, Middle Initial)				
To Organize a Majority PAC			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address PO BOX 752			08 15 2014	
City	7:- O			
City S DES MOINES	State Zip Code IA 50303		Transaction ID : D160460	
Purpose of Disbursement	30303			
Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	5000.00	
		Type	5000.00	
Office Sought: House Disburser				
Senate President	Other (specify) —			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
3.			Date of Disbursement	
			M = M / D = D / Y = Y = Y	
Mailing Address				
Other	75.0.4.			
City	State Zip Code			
Purpose of Disbursement				
		1 11	Amount of Each Disbursement this Period	
Candidate Name		Category/		
000		Туре		
Office Sought: House Disbursen Senate	nent For: Primary General			
President	Other (specify)			
State: District:	(-			
Full Name (Last, First, Middle Initial)				
) .			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
City	State Zip Code			
Day of Dishard	<u>, </u>			
Purpose of Disbursement				
Candidate Name			Amount of Each Disbursement this Period	
		Category/ Type		
Office Sought: House Disburser	nent For:	71: -		
	Primary General			
President	Other (specify) ▼			
State: District:				
			5000.00	
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00	
TOTAL This Period (last page this line number only)			51000.00	

SCHEDULE B (FEC Form 3X)		FOD : 11:	NUMBER: PAGE 37 OF 37	
TEMIZED DISBURSEMENTS	Use separate schedule(s)			
I EIVIIZED DISDUKSEIVIEN IS	for each category of the Detailed Summary Page	21b	22 23 24 25 26	
	Detailed Suffilliary Page	27	X 28a 28b 28c 29 30	
Any information copied from such Reports and Statem	ents may not be sold or us	ed by any pers	son for the purpose of soliciting contributions	
or for commercial purposes, other than using the name	e and address of any politic	al committee t	o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Con	nmittee		
Full Name (Last, First, Middle Initial)			T	
· Healthmark Services, Inc.			Date of Disbursement	
r realthinark Services, inc.			M M / D D / Y Y Y Y	
Mailing Address 217 Lakewood Road			08 15 2014	
,	State Zip Code AR 72956		Transaction ID : D160471	
Van Buren Purpose of Disbursement	/ / / / / / / / / / / / / / / / / / /			
Refund of 7/23/2014 Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type	1666.66	
Office Sought: House Disburser	nent For:			
	Primary General			
State: President State:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Date of Disbursement	
•			M = M / D = D / Y = Y = Y	
Mailing Address				
City	state Zip Code			
Purpose of Disbursement	T		-	
- p			Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type		
Office Sought: House Disburserr				
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
ruii Name (Last, First, Middle Initial)			Date of Disbursement	
			M M / D D / Y W Y W Y	
Mailing Address				
-				
City	state Zip Code			
Purpose of Disbursement			-	
•			Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type		
Office Sought: House Disbursem				
	Primary General			
State: President State:	Other (specify) ▼			
Otato. District.				
SUBTOTAL of Disbursements This Page (optional)			1666.66	
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TOTAL This Period (last page this line number only).			1666.66	